

# **EXHIBIT 1**

From: Spectrum Medical Orthopedics

4347812820

03/07/2017 14:01

#116 P 002/007

## Consent to Operation, Treatment Or Other Procedure

I hereby authorize Dr. MARK C HERMANN to perform upon Susan Cardoza (patient)  
the following operation, treatment, or other procedure: Right Hip: Revision total hip arthroplasty both components

Procedure Site (check one OR for multiple procedure, indicate sites above):

☒ Right Side ☐ Bilateral ☐ Left Side ☐ Level (for spine) \_\_\_\_\_

My physician has explained the nature, advisability and purpose of the operation, treatment or other procedure, together with the benefits hoped to result; the risks and the possibility of complications; and alternatives to the operation, treatment or other procedure, if any, and the risks of such alternatives. I understand the explanations that have been given me and I understand that no guarantee is offered as to the results of the operation, treatment or other procedures. The patient has been counseled on the risks and benefits of the proposed procedure. Risks include but are not limited to: bleeding, infection, vessel or tendon/ligament damage, hardware failure, nonunion, malunion, pain, loss of motion, thrombosis, pulmonary embolism.

Risks/Benefits: The patient has been counseled on the risks and benefits of the proposed procedure. Risks include but are not limited to: bleeding, infection, vessel or tendon/ligament damage, hardware failure, nonunion, malunion, pain, loss of range of motion, thrombosis, pulmonary embolism.

- I understand that some important surgical tasks may be performed by other doctors, assistant surgeons, providers or residents under the supervision of my doctor. These tasks are expected to be: \_\_\_\_\_

performed by MARK C HERMANN

- I understand that during the course of the operation, treatment or other procedure unforeseen conditions may be found that make an extension of the original operation, treatment or other procedure advisable. I authorize and consent to such extension or other operation, treatment or other procedure as is advisable in the professional judgement of my physician or physicians.
- I authorize and consent to the disposal, use, retention or donation by the hospital, at its discretion, of all tissues, materials and substances that would normally be removed in the course of the operation, treatment or other procedure.
- Blood Transfusions: I understand that I may need a transfusion of blood or blood products during this operation, treatment or other procedure. My physician has described the risks, benefits and alternatives of this therapy.

☒ I do ☐ I do NOT authorize and consent to the transfusion of such blood products.

☒ I give my permission for observers to be present during my surgery or procedure for purposes of their medical training or for technical support.

☒ I consent to the taking and reproduction of any photographs or video during this procedure for medical purposes.

☒ Sedation may be managed by my physician performing the procedure. Risks and alternatives have been explained to me and I consent to receive sedation as deemed appropriate by my physician.

I hereby certify that I fully understand the above Consent for Surgery and/or Special Procedures. I understand that I should not sign this form if all items have not been explained or answered to my satisfaction. I have been advised that if I desire further or more detailed explanation concerning my diagnosis, recommended and alternative procedures, or possible risks and consequences, it will be given to me by my physician. However, I am satisfied with the explanation given to me.

Mark C. Hermann MD  
Signature of Physician Performing Procedure

3-7-17 1355  
Date Time

\_\_\_\_\_  
Signature of Second Physician (when necessary)

\_\_\_\_\_  
Date Time

Susan Cardoza  
Signature of Patient or Legally Authorized Representative

3-7-17 1355  
Date Time

\_\_\_\_\_  
Relationship of Representative

\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Time



Patient Information/Label  
Patient Name Susan Cardoza  
DOB 12/19/1953

SPEC002

